

**PERMANENCY PLANNING**

**AND**

**LONG-TERM FOSTER-CARE:  
A GUIDELINE FOR PRACTICE**

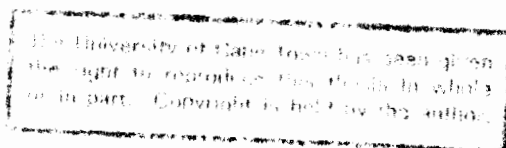
by

Megan Lynn Scholtz

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School of Social Work  
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#### **REFERENCES**

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## ABSTRACT

Many children are unable to remain in the care of their biological families, and often the only solution is to commit them to long-term foster-care in order to ensure their emotional, physical and social well-being.

Children in long-term foster-care in South Africa, are subject to impermanence in their living arrangements. Long-term foster-care, in reality, is for an unlimited time-period, during which the biological family can at any time rehabilitate itself and petition the court for the return of the child. This is further exacerbated by child care legislation which does not provide for legal guardianship in foster-care through termination of parental rights and reconstruction services to natural parents.

At present, the move in child care practice is to institute permanency planning philosophy and tenets for children placed in foster-care in order for them to experience stability and continuity of relationships and family life. The move to implement permanency planning in foster-care is new in South Africa and is not supported through South African research and legislative procedures. There is a definite need for the development of a guideline which will exclude natural parents from resuming the care of their placed child, thereby advocating foster care as the next option of permanency for a child, given the situation where adoption is not a feasible alternative.

This guideline can hopefully be utilised to gather data motivating for legal guardianship in foster care, through termination of parental rights, thereby assuring the long-term foster child of permanency in his living arrangements.

## **SECTION I: INTRODUCTION**

## CHAPTER ONE

### 1. INTRODUCTION

Triseliotis, comments that in westernised society particularly, the nuclear family is held to be ideal. It is in the best interests of a child to grow up in its own natural family where continuity of care can be maintained and biological and psychological bonding develop simultaneously. Child placement is likely to be regarded by the public as at the worst, unnatural, and at the best, indescribable (1980: 1).

Despite extensive efforts of social workers to promote preventative measures in order to facilitate a family remaining intact, the reality exists that many children cannot be adequately provided for in their biological families.

In many instances, the child is socially or emotionally or physically at risk if he remains in the care of his biological family. The harsh reality is that for many children, the only solution is removal from their parents and placement in alternative care, i.e. foster-care in order to provide the child with social or emotional or physical protection.

#### 1.1 Motivation for Choice of Topic

Foster care, by definition, is supposed to be a temporary service, whose goal is to reunite the child with his or her family as soon as possible, or to provide a stable, substitute home, in which the child may grow up and experience security and continuity of relationships with surrogate parents (Maluccio, et al, 1986: 18)

Numerous authors, for example, Maas and Engler, have found that in reality foster-care is not a temporary service. Many children are not reunited with their parents, and continue to remain in foster-care, despite having parents alive. Furthermore, foster-care has not only become long-term, but has also subjected children to "foster-care drift", that is, experiencing several foster-care placements, with no sense of stability or continuity (1959).

From research done in the United States of America, the concept of "permanency planning" for children in alternative care emerged. Basically, the concept of permanency planning refers to the idea of moving a child as soon as possible out of substitute care, and returning him to his or her family as the preferred option. Where this is not feasible, adoption is advocated. Where adoption is not possible, long-term foster-care with legal guardianship is advocated (Maluccio, et al, 1980: 519).

The motivation for this study has emerged through the writer's experience in child care practice at Child Welfare Society. The Society is committed to the theoretical and philosophical underpinnings of the concept of permanency planning. However, in practice, the writer has experienced a heightened awareness of the practical problems associated with implementing permanency planning principles for children in placement.

A central issue is the legal framework which provides the parameters for child care practice. The definite lack of provisions for terminating work with parents, and incorporating in foster-care the concept of legal guardianship through termination of parental rights, makes it impossible to afford children stability and permanence in long-term foster-care. Closely allied to this is the lack of guidelines present in practice, in order to help the social worker in deciding which permanency plan a child will have, namely return home or

alternative care through fostering or adoption. In practice, the writer has experienced that this decision is most often dictated by worker intuition and a variety of undefined historical factors.

It is not surprising that the end result is either a high rate of recidivism among children who return home or multiple placements for children who remain in placement (Jones, 1978: 574).

The writer recognises the importance of a stable family life for children. Yet for many children, not only their own homes, but also their placement homes are unable to provide them with stability, continuity and a sense of permanence in their developing years.

It is the writer's belief in permanency for children, and the definite lack of provisions to achieve this permanency, which finally influenced the writer to study an area barely researched in South Africa, yet desperately in need of attention.

## 1.2 Aim of the Study

Family life is held sacred in society and child removal and placement is a highly controversial issue. This is highlighted through the focus on preventative family work in child care practice and the extreme reluctance of child-care law to divest parents of guardianship rights over a child in placement.

It is often the case, that long-term foster-care has a semblance of impermanence for a child, because biological parents legally retain numerous rights over the child long after removal and placement.

At present, no research has been done in South Africa into what constitutes parents being unable to resume care of their children, thereby indicating beyond reasonable doubt, that long-term foster-care is the next preferred option.

Allied to this, is the fact that because no research has been done, there is no frame of reference with which to petition the judicial system to afford long-term foster-care a sense of permanence through legal guardianship and termination of parental rights.

The aim of this study is to develop a guideline from the literature, which will help the social worker to include or exclude biological parents from being an option for the long-term, permanent care of their placed children.

Through utilising this guideline in practice at Child Welfare Society, it is hoped that data can be gathered indicating the type of parent or parents who are unable to resume care of their placed children on a permanent basis.

Following on from this, it is hoped that the research will contribute effectively to the modification of the legal framework for child care practice, so that long-term foster-care will contain the concept of legal guardianship through termination of parental rights.

The study is divided into four sections, the first being that of the introduction.

The second section focuses on the basic philosophy and tenets of permanency planning, and the legal framework for child-care practice in South Africa. This section highlights the discrepancies between permanency planning in long-term foster-care and the legal framework for foster-care in practice.

The third section focuses on the literature describing the sort of biological parents and other related factors which would indicate that a child cannot return home and should enter long-term foster-care, given that adoption is not a feasible or achievable option. From the literature studied, the writer has developed a guideline to facilitate the decision of whether or not a child will return home as a long-term permanent plan.

The fourth section focuses on conclusions and recommendations for further research which will provide long-term foster-care with a semblance of permanence.

### 1.3 Limitations of the Study

There are several limitations pertaining to this study.

The first limitation is that to the best of the writers knowledge no research on permanency planning and how it relates to long-term foster-care, has been done in South Africa. Most of the literature and studies pertain to the U.S.A., Canada and the U.K.

Although child neglect and abuse are universal phenomena and all children have a right to permanency, the particular circumstances of families are influenced by the cultures surrounding those families.

It is possible that the literature and studies referred to in this study are culturally biased and do not take into account the dynamics of the South Africa context.

, A further limitation is that this study is not based on any South African research. The current child-care legislation has only officially been in practice since early 1987, affecting the length of time available to provide research data on permanency planning, foster-care and the child-care legislation. In view of this, the guidelines developed in this study are not conclusive, but rather function as a tool through which research can take place.

A final limitation of this study arises from the influence of the apartheid ideology practiced in South Africa. The welfare structure of South Africa is dictated largely by the race classification of people. Although the Child Care Act pertains to all racial groups, the structure of welfare services at governmental level differs for all groups. In addition, the problems facing white families differ for so-called coloured and black families.

It is possible that the guidelines developed in this study, when put into practice, may be biased towards the white sector of the population, since the study does not take into account the unique circumstances of each racial group, or the different state welfare policies for different racial groups.

#### 1.4 Central Definitions

- \* Foster Care: This term refers to the placement of a child in the court-awarded care of a family, institution or childrens home apart from the biological family.



- \* Legal Guardianship: Legal guardianship refers to the right of parents to influence medical treatment which their child may need, administer property or inheritance of the child and influence the decision of a minor child to marry, except in the case of a child being adopted.
- \* Long-Term Foster-Care: This term refers to the placement of a child in a family, institution or childrens home for an unlimited period after the two year initial foster-care order, committing the child to foster-care, has expired.
- \* Recidivism: Recidivism refers to a child being removed from the care of the biological parents after he has returned to their care from a foster-care placement on one or more occasions.
- \* Short-Term Foster-Care: This term refers to the placement of a child in foster-care immediately after removal from his biological family, for an initial period of two years.
- \* Termination of Parental Rights: This term refers to divesting parents of their legal guardianship rights over their child and granting of those rights to a foster family, childrens home or institution in whose care the child is placed by a childrens court.
- \* Termination of Reconstruction Services: This term refers to the termination of social work intervention strategies towards the biological parents in order for them to attempt to have their placed child returned to their permanent care.

## CHAPTER TWO:

### PERMANENCY PLANNING

#### 2.1 Definition of Permanency Planning

Several authors such as Maluccio, Fein, Hamilton, Klier and Ward (1980: 515 - 30), Cutler and Bateman (1980: 45 - 51) and Stein (1981), indicate that the term permanency planning has been applied to many aspects of child welfare practice. Among them are a philosophical perspective on the primacy of the family as the preferred environment for child rearing; a problem-solving process; adoption; a program to reduce the numbers of children in foster-care; a case-management method; planning; facilitating; achieving of permanency placements for children; and a systematic process of gathering and using information; making informed decisions; formulating case plans; and providing problem-solving services.

For the purposes of this study, the following definition of permanency planning as developed by Maluccio, et al, is useful. Permanency planning "refers to the idea of moving the child as soon as possible out of temporary foster-care and returning him or her to the family as the preferred alternative, or to an adoption home as the second priority, or, if necessary, to another permanent alternative such as a family with legal guardianship" (1980: 519).

This definition is supported by Carbino, who states that permanency planning "consists of a commitment through action by foster care-system representatives to ensure a child's sense of continuity and stability of family relationships by prompt decision-making and intervention" (1980: 7 - 30).

Permanency planning is therefore a process undertaken by the social worker to ensure that children who are removed from their parents' care have some reliable prediction of where they

will grow up.

In order to implement the permanency planning process, Emlin, Lahti, Downs, McKay, and Downs, identify certain key features which are integral to achieving a sense of permanence for a child's future:

- \* Intent - the home which is chosen for the child is intended to last forever, but is not guaranteed to do so.
- \* Committment and continuity - the family chosen to care for the child is committed to doing so. The family provides continuity in the child's relationship with caretakers and other family members.
- \* Legal Status - the family offers the child a definite legal status that protects his or her rights and interests and promotes a sense of wellbeing.
- \* Social Status - the family provides the child with a respected "social status", in contrast to the second class status, typical of prolonged foster-care which often becomes an extension of short-term, remedial foster-care (1970).

Permanency planning, by definition can also embody a preventative function. Maluccio, Fein and Olmstead suggest that a permanency plan could be to improve the family's circumstances so that the child need not be removed from the family and placed in alternative care (1986:4).

The definition of permanency planning advocated by Maluccio, et al, and adopted for the purposes of this study, places permanency planning in the context of rehabilitation. In essence, permanency planning here, means finding a permanent future plan for the child after he or she has been removed from the care of his or her parents and has entered temporary foster-care (1980: 519).

### 2.2.2 Studies Focusing on the Importance of the Biological Family

Permanency planning in the context of rehabilitation, highlights the importance of the biological family as the first option for the child to return to and grow up in. Only after this alternative has been ruled out, are the other options, namely adoption or long term foster-care considered.

Laird, emphasizes the importance of the biological tie of parent and child which enhances the child's sense of human connectedness. She also states that where a child cannot return to the biological parents' care and the permanency plan is for alternative care, the importance of the family continues to be recognised through encouraging family-child contact and shared parenting by the biological and foster-parents (1979: 174 - 209).

There is much support for Laird's observations in the literature. Littner, for example, focuses on the importance of the biological family for the child who has already been placed in care.

Littner comments firstly, that a child identifies with many of the personality traits of the parents and carries images of his natural parents in his own mind. The process of being separated from his natural parents evokes in the child many feelings, some of them highly illogical and exaggerated. Many of the feelings are repressed. The effort involved in doing so, causes much of the child's energy to be utilised, interfering with his ability to function adequately in other areas of his life. Contact with the biological parents facilitates resolution of many repressed feelings, enhancing the general functioning of the child.

A second benefit of parent-child contact is that of encouraging the child to view his parents realistically. Children in foster-care often have an idealistic view of their parents and are unable to correlate parental behaviour with reasons for the placement of the child. This inhibits the foster child's ability to bond with the foster parents and establish roots in present relationships. Access of the child to his biological parents enables him to view them rationally and come to terms with reasons for his placement in foster-care. Only then can the child establish relationships in the foster-family (1970: 176 - 181).

Children who enter foster-care are often emotionally and psychologically damaged by the multi-problem families from which they come. Separation from the biological family often compounds and highlights the damage, especially where child-family contact is denied.

Colon, comments that these children demonstrate self-destructive patterns, self-toxifying versus self-nurturant behaviour, and an inability to sustain intimate relationships. These children do not appear to resolve feelings leading to destructive behaviour by remaining cut off from biological parents. Dealing with unfinished business can only be facilitated by contact between the child and his biological parents (1978: 289 - 312).

Laird, is of the conviction, that physical and emotional distancing promote, rather than weaken psychological dependance. Where the placed child is cut off from his biological parents for long periods, the child may duplicate destructive patterns of functioning in the foster-family, often causing total family disruption (1979: 110).

In relation to this, Tiddy, suggests that the child often relives his rejected role in the foster family, or his scape-goated role which he may have enacted in the biological family. The result is that the child is again rejected, this time from the foster placement (1986: 55).

Rather than threatening the stability of the foster placement, it would appear from the literature, that child-parent contact is an opportunity to bring integration and sounder emotional functioning to the placed child.

Besides the importance of the biological family to the child in placement, much has been written on the general importance of the biological family to the child.

Rest and Watson, surveyed a sample of young adults who had grown up in foster-care, and who had never had contact with their biological parents after placement.

It was found that all the young adults were managing their lives well; coping financially, gainfully employed, self-supporting and had well-kept homes.

On an emotional and psychological level, it was found that most of the subjects suffered from an impaired self-image and had difficulty in establishing emotional intimacy. Furthermore, most of the subjects indicated an unresolved sense of loss due to separation from their biological family, characterised by a feeling of rootlessness and lack of belonging.

Most of the subjects compared themselves to an idealised self who would have existed had they grown up in their biological families (1984: 291 - 305).

It would appear that placement of a child in foster-care, regardless of the quality of the foster-care experience, is unable to equal the intrinsic importance of the biological family on the child's emotional and psychological development.

### 2.2.3 Literature Focusing on the Impact of Separation and Placement on Children

Permanency planning advocates a stable, consistent and predictable family structure in order for a child to maximise his potential developmentally. The ideal family structure to facilitate this growth is found in the biological family.

The premise that a child functions best in his own family is developed through literature detailing the negative impact of separation and placement on children.

Jenkins, suggest that the tie that binds parent and child provides a child with a biological, emotional and symbiotic sense of connectedness to his or her environment and affects his or her basic identity and self-concept.

It would appear that no matter how destructive the biological family can be to the child, the tie between the child and the biological family remains a strong one (1981: 39 - 51).

In this vein, Finkelstein, comments that children who live in families characterised by poor parenting skills often live on the edge of emotional and physical abandonment. Yet it has been noted that when these children are eventually placed, their worst fears about abandonment are realised. This is especially true when short-term, remedial foster-care drifts into long-term foster-care without a semblance of permanence.

The possibility always exists that the child will be separated again, this time from the foster family. Separation and abandonment are ongoing issues for the child in placement (1980: 100 - 105).

Nagy and Spark, offer further insight into the depth of the tie between child and biological parents. They maintain that children have an obligation and loyalty to their families of origin. The child who has been separated from his or her biological family carries a sense of failure and disloyalty which hinders the child's ability to benefit from the emotional intimacy of the foster placement (1973: 47).

Tiddy, establishes a causal link between separation of the child from the biological family and disturbed or dysfunctional behaviour of the child later in life. It seems as though placed children carry much anger towards their biological parents for the injustices which life has dealt them. Often the child is unable to verbalize this anger because it is too powerful to deal with and may destroy the already precarious relationship of the child and parents. This anger becomes internalised or is displayed towards others, leading to dysfunctional behaviour of the child (1986: 57).

Permanency Planning concepts are based on a recognition that where placement of a child external to the biological family is necessary, the placement must afford the child long term consistency and stability in order to prevent further separations and losses, and compound dysfunctional behaviour in the child.

#### 2.2.4 Ecological Perspective on Social Work Practice

Further theoretical support for the development of permanency planning comes from the ecological perspective on social work practice.



The ecological perspective on social work practice focuses on intervention which addresses the "interface between people and their impinging environments. Practice is directed towards improving the transactions between people and environments in order to enhance adaptive capacities and improve environments for all who function within them" (Germain, 1979: 8).

Permanency planning stresses the reunification of the child with his biological parents where possible, before contemplating other long term options. The ecological perspective on social work practice provides a framework for working with the biological parents, which supports reunification of biological parents and child. This is achieved in the following ways:

- \* Focusing on a health-growth orientation in the family rather than an illness orientation. Members of the family are seen as active participants in transactions with their environments. The dysfunctional family can adapt and manipulate its environment in order to affect reunification with their child.
- \* In focusing on the interface between individuals and their environments, the social worker is able to understand the relationship between individuals, families and their environments. Stresses and supports can be identified. The potential for change is vast, since it is not the individual solely who is the carrier of dysfunction.
- \* The ecological perspective sees people and families as being active participants in determining their circumstances. This proactive stance gives families responsibility for being involved in the long term plans for their children. They are not merely victims

of a social system. By altering the interface between themselves and their environment, they can be responsible for the return of their children.

The ecological perspective not only endorses the importance of the biological parents, but provides a framework for strengthening the biological family. This increases the extent to which the child and family may be reunited.

### 2.3 Historical Overview of the Development of Permanency Planning

Permanency planning concepts and practice arose in response to two specific developments in Child Welfare Practice, namely research into the then current foster-care practice system, and public awareness of childrens rights and best interests.

Following on from this, permanency planning was practically implemented through two model projects, which facilitated changes in American child care legislation. Permanency planning is a practice norm for foster-care in America at present and is embodied in the related child care legislation.

#### 2.3.1 Foster-Care Research

Maluccio, et al, describe traditional foster-care as a temporary service; the goal being to reunite the child with his or her own family as soon as possible, or to provide a substitute but stable home in which the child may grow up and experience security and continuity of relationships with surrogate parents (1986: 18).

Research into foster-care practice, throughout three decades has indicated that although foster-care has the aim of being short-term and remedial, in practice many children enter foster-care and remain there until they are emancipated, i.e. turn eighteen.

For example, Maas and Engler, completed a nationwide survey in America on children who had been placed in foster-care for a short period whilst services were rendered to the biological families. They found that many had remained in foster-care indefinitely with no prior permanent plan of long-term foster-care. Most of the children had a parent or parents who visited regularly but had no intention of resuming care of their children, or who were unable to do so. Furthermore, rehabilitation services to the biological family had ceased.

Where no formal plan of long-term foster-care is made for children, it also appears that foster children not only stay in foster-care indefinitely, but are also subject to "foster-care drift" (1959).

Sherman, Neuman and Shyne, have indicated from research, how foster children most often remain in foster-care indefinitely and also experience several foster-care homes. These children have no constant, stable home in which they grow up (1973: 97 - 98).

From research conducted, it appears that the original aim of foster-care, namely to be a short-term, remedial practice has become distorted, leading to numerous children growing up in long-term foster homes and experiencing a drift from one foster home to another, with no semblance of permanence.

### 2.3.2 Public Interest in Children's Rights and Best Interests

As a result of research into foster-care practice and the dissatisfaction voiced regarding the system, research centering on the rights and best interests of the child evolved.

The research indicated that the existing foster-care system negatively impacted upon the emotional and psychological development of children. A growing conviction existed that all children had the right to, and needed the chance, to have permanency in their living arrangements. The focus centred on intensive efforts to reunite parent and child in a time-limited period. Only if this was unsuccessful was adoption or foster-care to be considered. Where adoption was unfeasable, efforts concentrated on giving foster-care a semblance of permanence through legislation (Goldstein, Freud and Solnit, 1979).

### 2.3.3 Model Projects: Permanency Planning in Practice

Attempts to provide children with a sense of permanence in their living arrangements gained impetus with the implementation of three projects in the 1970's and 1980's.

- \* The first project, called the "Oregon Project" was commissioned by Portland State University in Oregon. The project lasted three years and focused on children who had drifted from short-term, remedial foster-care into long-term, indefinite foster-care.

At the end of the three-year period, a definite success was noted in applying the concept of permanency planning. All the children had either returned to the care of their parents, or had alternative, long term, permanent care (Emlin, et al, 1977).

- \* The second project, called The Connecticut Council on Adoption Placement Project, was begun in 1980. The focus of this project was on children who had been in long term foster-care for an average of 4.4 years and for whom return home was not feasible. The project concentrated on adoption as a permanency plan, with the premise that where return home is not feasible, every placed child is adoptable.

At the end of the project in 1982, permanent plans had been developed for 51 of the 55 children. Twenty had been adopted, Thirteen had returned to their biological parents. Eight of the children were in long-term foster-care where the likelihood of them being moved was minimal. Of the 55 children, only four children were experiencing disruptive placements with no semblance of permanency.

The project exhibited a promising future for the adoption of children, who cannot return home, and who are part of the foster-care system.

- \* The third project, called the Lutheran Child and Family Services Project began in 1973. It focused on creating permanency for children in foster-care who were not legally free to be adopted and yet could not return home. The implementation of this project was to spare the child interim moves before legally being free for adoption.

Foster parents were sought out, who were willing to adopt the child should he become legally free for adoption in the future. At the same time these foster parents were able to tolerate the uncertainty of the child ever being free for adoption. The intention of the placement was eventually adoption, thereby ensuring the intention of permanence for the child.

The great success of this project can be seen in the time period it gave biological parents to relinquish their children, without compromising the children's need for permanency. This was especially so where the biological parents wanted to reunite with their children, but were practically unable to meet the needs of the child.

#### 2.3.4 Amendment of Child Care Legislation

The success of specifically the Oregon Project led to dramatic changes in child care legislation in the U.S.A. in 1980. The amended legislation embodies the concept of permanency planning and advocates its practice.

There are several key permanency planning features incorporated in the new act.

- \* The prevention of unnecessary or inappropriate placement of children outside their homes.
- \* An improvement in the quality of care and services provided for parents and children, to maintain children at home.
- \* Achievement of permanence for each child who is removed from his parents through return home, adoption or other appropriate means.

Permanency Planning has a definite, legal status in child care practice in the U.S.A., its aim being to promote emotional and physical well-being of each child within a permanent lifestyle.

Permanency Planning in South African child care practice is a relatively new concept. The trend is towards implementing permanency planning principles. However, the permanency planning movement does not have a legal mandate through relevant legislation.

## 2.4 A Framework for Implementing Permanency Planning

The framework for implementing permanency planning, as developed by Maluccio, et al, (1986) is vast and detailed. For the purposes of this study, only key features of the framework will be presented.

### 2.4.1 Identification of those Children in Need of Permanency Planning

Before a permanency plan can be implemented, the children and families requiring permanency planning need to be identified.

Maluccio, et al, comment that children in need of permanency planning are found in numerous settings. Broadly speaking however, they fall into two categories, namely those who are at risk of being removed from their parents and those who have already entered the foster-care system (1986: 34 - 36).

This study is concerned primarily with those children who have already entered the foster-care system.

Children who have already been placed in foster-care are highly susceptible to impermanence; becoming lost in the foster-care system or drifting through numerous foster homes. This is especially relevant in South Africa, where short-term foster-care most often becomes indefinite long-term foster-care, with no legal permanence for the foster child.

It is possible to say that all foster children need permanency planning. Maluccio, et al, endorse this, but also comment that certain foster children are at a higher risk of suffering impermanence and therefore more urgently require permanency planning (1986: 36).

These children are characterised by the presence of certain variables:

\* Length of time in foster-care

Children who have drifted in foster-care for a substantial period of time, with no definite future plan of return home, adoption or long term foster-care are especially at risk. Fanshell and Shinn, endorse this. They point out that the longer a child drifts in foster-care, the less chance of return home or adoption. The chances of a permanent plan other than foster-care are drastically reduced once the child has been in foster-care for more than 1 1/2 years (1978).

\* Age of Child

According to Shireman, older children are more difficult to plan for and in order to place them, permanency plans are needed quickly (1983: 382).



\* Number of Placements

Many children enter the foster-care system and are repeatedly moved and placed. Shireman comments that this is an indicator that the child is experiencing difficulty and needs a definite permanency plan (1983: 382).

\* Minority Status

Research has shown that children from minority backgrounds tend to remain in foster-care longer than other children, have multiple placements and are placed less often for adoption (Olsen, 1982: 572 - 585). Special attention needs to be given to permanency planning for these children.

2.4.2 Choice of Permanency Plan

Once a child has been identified as being in need of permanency planning, a decision has to be made as to which permanency plan will be adopted.

Maluccio, et al, suggest the following hierarchy of options when deciding on a permanency plan for a child:

- \* The child should remain with the biological family.
- \* If this is not possible, the child should be placed with relatives. The child and biological family should be united as soon as possible.

- \* When return home is not advocated, a long term permanency plan should be found, where possible with relatives. Adoption or legal guardianship should be considered.
- \* Where options 1 - 3 are not foreseeable, adoption by a non-related family should be considered.
- \* Where options 1 - 4 are not possible, long term specialised foster-care should be considered.
- \* The final option is long term residential care in a non-family setting (1986: 47).

The choice of permanency plan advocated by the social worker needs to be made in the context of a thorough psychological, social and emotional assessment of both parents and child. (Maluccio, Fein and Olmstead, 1986: 52).

#### 2.4.3 Role of the Social Worker in Implementing a Chosen Permanency Plan

According to Fein, Miller, Olmstead and Howe (1984: 351 - 60), the social-worker has five basic roles. These are summarised as follows:

- \* Case Planning
- \* Early psychosocial history of family and family's environment.
- \* Assessing the potential treatment and resource environment.

- \* Choosing a preferred plan for permanent placement.
- \* Negotiating a service agreement between agency and parents.
- \* Developing a time-frame for the service agreement.
- \* Developing treatment plans.
- \* Maintaining case records for evaluation.

\* Case Management

- \* Evaluation of family's attainment of goals.
- \* Referring clients.
- \* Negotiating roles with other professionals.
- \* Supervising access of parent and child.
- \* Locating resources for parents and child.
- \* Monitoring treatment.
- \* Promoting collaboration amongst service providers.

\* Therapeutic

- \* Child rearing principles.
- \* Empowering parents and child.
- \* Alter negative family dynamics.
- \* Support and encouragement.
- \* Focus on developmental lags.

\* Client Advocacy

- \* Pressing community to provide for family.
- \* Using agency mandates.
- \* Promotion of termination of parental rights legally, where indicated.

\* Role of Court Witness

- \* Document events in the family.

- \* Work with legal officials.
- \* Presenting information in court.

## 2.5 Implications of Permanency Planning upon Practice

The implications of permanency planning for social work practice will be discussed broadly. Implications for practice in the South African context will be briefly mentioned as they are detailed in Chapter 5 of this study.

- \* Since permanency planning is a process, it calls for direct, concise and prompt decision-making from social work professionals. Often this decision-making process is complicated because of the complexity of crucial issues affecting families. Information and knowledge are not always clearcut, making concise decisions difficult to make.
- \* Since concise and thorough psychological, social and emotional assessments of both parents and children are needed, it is necessary to avail oneself of the services of other professionals, e.g. psychologists and psychiatrists. Where opinions as to what the permanency plan should be, are different, problems can arise. This is especially so when the court requires expert witnesses to decide the future of a child.
- \* Problems arise in the South African legal system where the childrens courts hold the final decision-making authority. Often the commissioner of child welfare has no social work orientation and permanency plans are sometimes disregarded along with the social workers' decisions. This becomes a pertinent issue when clients employ the services of attorneys.

- \* To adopt permanency planning philosophy when considering removing a child has positive implications for working with parents. Often, social workers, in dealing with families are unsure how to affect change to prevent removal of a child. Permanency planning provides a framework whereby the whole family is involved in securing a permanent plan for the child.
- \* Furthermore, with the focus on maintaining the child in the biological family, social workers are encouraged to render intensive services to affect change in the biological family.
- \* In the instance where the child is removed from the biological parents, social workers have the primary aim of reuniting the child and biological parents. Biological parents cannot be forgotten as so often happens.
- \* Possibly the greatest implication is that of prevention of the child becoming lost in the foster-care system with no sense of future permanence.
- \* In the United States, as in South Africa, there is an accountability to the courts in respect of a child's future. Social workers are obligated to work with the biological parents for the possible return of the child. This has not been defined as specifically in the South African Child Care Act, but is implied (see Chapter 5).

- \* An important implication of permanency planning is that of termination of parental rights, should the child not be able to return home and adoption not be possible. This is supported in legislation in the United States, but not in South African Child Care legislation. The implication of termination of parental rights is that the biological family has only a short span of time to correct itself, before losing all rights over the child, in order for the child to have a sense of permanence. Controversy exists as to how much time the biological family should have and what criteria specifically indicate that termination of parental rights should be affected.
- \* Permanency planning for a child advocates legally placing the child, either through adoption or in foster-care where the foster family has legal guardianship, in the case of the child being unable to return to or remain with the biological parents. In South Africa, long term foster care can be legalised, but without the natural parents being deprived of guardianship rights. Affording a foster child in South Africa legalised permanence is therefore not possible. This raises the question of how permanent is the placement then, since the child can still be claimed by the biological parents at some stage.
- \* Permanency planning provides for a thorough assessment of both parents and child, which facilitates a permanency plan remaining in operation. It also contributes to prevention of multiple placements of a foster child.

- \* The ecological perspective upon which permanency planning is based, provides a tennet of hope in dealing with biological parents. They are seen as proactive towards their environment and not entrenched purely in a traditional "sick mould". The chances of a child remaining with or returning to his biological parents seem to be greater.

### CHAPTER THREE

#### CHILD CARE LEGISLATION IN SOUTH AFRICA

The legal framework which governs child welfare practice in South Africa is provided for in the Child Care Act 74/1983.

This Act was promulgated in 1983, but only came into effect in 1987.

Prior to the establishment of the Child Care Act 74/1983, the legal framework for child welfare practice was found in the Childrens Act 33/1960. The present Act incorporates many of the principles of the previous Act. There are however some differences which have bearing on an attempt to implement permanency planning for a child already removed from the custody of his biological parents.

#### 3.1 Discrepancies between the Two Acts and Implications for Permanency Planning

There are several discrepancies between the two Acts which have important implications for the application of permanency planning principles and methods.

##### 3.1.1 The Length of the Foster-Care Order

The Childrens Act stated that if a child was found in need of care, he/she could be placed in alternative care, apart from his biological parents. At the time of placing the child, a foster-care court order was made out determining the length of stay of the child in foster-care. The order could be made in one of two ways:



- \* If the child was under the age of 16 at the time of the order being made, the order would be made until the child attained 18 years of age.
- \* If the child was 16 at the time of the order being made, then the order would remain until the child attained the age of 21 years.

This is in direct opposition to permanency planning philosophy which stresses intensive, reasonable efforts to reunite parent and child as soon as possible. Only after this has proved to be unsuccessful can a child remain committed to alternative care.

The length of the foster-care order determined in the Childrens Act did not impart a sense of permanence to the child, in so far as the biological parents had "forever" to rehabilitate or not, leaving the child waiting indefinitely to return home, or keep drifting in the foster-care system.

The length of the foster-care order furthermore made no provision for legal permanence of the foster placement. The biological parents could after numerous years have staked a claim to their child and the foster parents would have had no legal mandate to prevent this.

In contrast, the amended Child Care Act indicates a positive step towards incorporating the permanency planning philosophy. Although not definite, by implication it is possible to begin to apply permanency planning principles in practice.

The foster-care order, determining a child's length of stay in foster-care is initially made for two years only. After the two years are up, the order may be renewed, or may be cancelled, allowing the child to return home.

By implication, the two year order aims to facilitate the reunification of the child and biological parents. Parents and child have a time-limited period in which to rehabilitate. At the end of the two year period, a decision has to be made regarding the child's future; namely return home, adoption or foster-care.

The social worker is encouraged to render intensive services to the biological family during the two year period, to affect reunification.

Theoretically, a foster child only has a sense of impermanence for two years, whilst he waits to go home or enter long-term foster-care or be adopted.

In practice, however, the legal implication of long-term foster-care is in direct opposition with permanency planning philosophy. The Child Care Act 74/1983 does not provide for legal guardianship in long-term foster-care or termination of parental rights which Maluccio, et al, (1986) advocate as being important to give a child a sense of permanence. In essence, the child is said to be in long-term foster-care, but his parents are still given forever to rehabilitate and may still petition the courts to regain custody of the child, years after.

A definite statement in the Child Care Act needs to be developed, to afford long-term foster-care a sense of permanence for a child. Long-term foster-care needs to be able to offer a child legal and social status as well as the intention of being permanent.

### 3.1.2 The Issue of Adoption

Maluccio, et al, (1986) advocate in their definition of permanency planning, that adoption should be the next choice after return home for the child has been ruled out.

According to the principles laid down in the Childrens Act, an application for adoption of a child who was found in need of care could not be tendered until the child was in foster-care for two years. No mention of special considerations were made, by which an application for adoption could precede the two year foster-care period. Even after this period had expired, there was no guarantee that an application for adoption would have been accepted by the court.

In practice, a situation often occurs, where the child is found in need of care and is placed in foster-care. After the two years, the foster parents apply to adopt the child. Where the Children's Act prevailed, even though the parents may at that point not have rehabilitated themselves sufficiently to have the child returned to their care, without their consent, the application could have been denied by the court. In this instance, the foster-care order would have been extended, perpetuating the impermanence of the child's life-style.

In contrast, the Child Care Act does make special provisions for almost immediate adoption of a child, without consent of the natural parents. This applies to children who have been physically and sexually abused.

In most instances however, the child may not be legally free for adoption before an initial two year foster-care period expires. This facilitates the rehabilitation of the biological parents in a time-limited period if the child is to return to their care.

After this period, foster parents may apply to adopt the foster-child. If the biological parents have not rehabilitated themselves in such a manner as to resume care of their child, the court may dispense with their consent, and allow the adoption to proceed. Key issues are proof of unfitness of parents and benefit of adoption for the child.

In so far as advocating adoption for a child as a permanency plan, there are numerous short-comings in the Child Care Act and Childrens Act which make it difficult to achieve adoption.

- \* Neither Act was and is based on the premise of permanency for all children. There is no active statement which cancels out biological parents and actively pursues adoption as a permanency plan. The legal trend is to allow children to drift in long-term foster-care.
- \* The legal framework relies on people applying to adopt a child of their own free will. Adoption of a child is not mandated as a legal option to be explored in respect of the child.
- \* For a child in foster-care, the solutions as stated legally appear to be either return home of the child or indefinite, impermanent long-term foster care. The two solutions are forever entwined with no cut-off point of where one ends and the other begins.

### 3.1.3 Parental Access after Adoption

A further discrepancy between the two Acts, having implications for permanency planning, is that of parental access after adoption.

The Childrens Act made provision in Section 75 for parent/child access for up to two years after the adoption order was made. This related specifically to a disclosed adoption or a foster-care placement which had become an adoption placement; that is where the parents and adoptive parents were familiar with each other. Whether the provision for access was enforced would also have depended on the extent to which it served the best interests of the child in question.

Permanency planning advocates strongly that for a permanency plan to be formulated, enacted and to succeed, the active participation of the biological parents is vital.

- Laird comments that the natural bonds between a child in care and his parents continues to be prominent for both parent and child long after they are physically separated. This reflects the significance of the biological family in human-connectedness and identity formation (1979: 175).

Littner supports the above view in stating that unless a child is allowed to come to terms with internalised images of his parents, the child's identity is impaired. Contact with the parent is crucial to help the child deal with feelings generated by the separation experience. (1956).

It can be concluded from the above two authors that permanency planning involving adoption may benefit the child if access is encouraged between parent and child for a period after the adoption. Both parent and child can resolve feelings of separation, thus facilitating adaptation on the part of both.

In contrast, the Child Care Act makes no such provision. By implication, should there be any access between parent and child after the adoption order has been made, it will be achieved on a voluntary, private basis, negotiated between adoptive parents and biological parents. There is as a result no guarantee that the involvement of the parents, or the sanction of the adoptive parents will be gained to encourage the child to adapt to the adoption and separation from his parents.

In conclusion, it would appear that both Child Care Acts embody positive contributions as well as short-comings in the implementation of permanency planning. The fact that special consideration is given for immediate adoption of an abused child is a valid contribution to achieving legally endorsed permanency plans for a child in alternative care.

A further positive aspect of the new Child Care Act is the two year foster-care order. It at least makes provision for review of a child's future plans after two years of foster-care. It also encourages the social worker and biological parents to enter into intensive rehabilitation treatment for those two years in order to maximise the child's chances of returning home.

Possibly the greatest short-coming of the latest Child Care Act is its failure to legally provide for permanence after the two year foster-care order expires. The Act does not campaign for adoption or legalised foster-care, resultant upon which is foster-care drift for most foster children.

Present child-care legislation, in the opinion of the writer, needs to be modified to embody basic tenets of permanency planning.

3.2 The Child Care Act (No. 74 of 1983):  
Its Impact upon Foster-Care and Practical  
Implications for Permanency Planning

As indicated in the previous section, the current Child Care Act advocates in theory, permanency planning for a child found in need of care.

The mandate for returning the child to his parents as a first option is implied, whereafter an alternative plan, not always permanent in practice, must be found.

In so many instances, a child may not be able to return to his parents after the two year foster-care order has expired. Often the parents have not been able to rehabilitate themselves to be able to cope with the child's return. In other instances, the child's behaviour prevents his return home.

In the instance where adoption is possible and achievable, the permanency plan is a relatively easy one, affected only by a time-period needed to enforce the legal framework.

In practice though, there are many children for whom neither returning home or adoption is a feasible option. This can be noted in the following instances:

- \* The biological parents are unable to have the custody of the child, but refuse to consent to adoption.
- \* Consent for adoption cannot be dispensed with because the biological parents visit the child regularly, maintain an active interest in the child, but have no plans to have the child returned to their care.

- \* The child has been in foster-care for two years with particular foster parents who are willing to continue to foster him, but do not wish to adopt him.
- \* In view of the above point, where the child has bonded with the foster family, it may not benefit him to move him to a family who would want to adopt him.

In attempting to achieve permanency planning for these children, the only option is that of long-term foster-care.

Maluccio, Fein, Hamilton, Klier and Ward, comment that for foster-care to have a quality of permanency, it has to be characterised by legal guardianship.

It appears that without the component of legal guardianship, the foster home may have a semblance of permanence, but actually lacks the intention of having been created to last indefinitely (1980: 517).

Emlen, Lahti, Downs, McKay and Downs, echo this viewpoint when they insist that a foster home possess, a definite legal status, in respect of a foster child. This legal status functions to protect the child's rights and interests and more importantly, promotes in the child a sense of belonging (1977).

Providing foster parents with legal guardianship over a child placed in long-term foster care raises the important issue of terminating parental rights. For the foster family to have legal guardianship of a foster child, the biological parents must not only relinquish legal custody but also legal guardianship over their child. In order for this to occur a decision has to be made stating that the parents are not responding to treatment and that rehabilitative services to them will be terminated.



In child care practice in South Africa, there is no legal framework which provides for termination of rehabilitation services to the family and following on from this, termination of parental rights over a foster child.

On the contrary, social workers are expected to continue to deliver rehabilitative services to the biological parents, as long as the child is in foster-care, even if they have a limited chance of regaining care of their child.

Legally, no matter the length of the foster-care placement, biological parents always retain legal guardianship rights over their child in respect of the following:

- \* the right to administer any property or assets of the child,
- \* the right to consent for marriage,
- \* the right to influence any medical treatment or operations the child may need.

The absence of a theoretical and practical framework for bestowing upon foster-care the condition of legal guardianship, implies that long-term foster-care in South Africa is not a permanency planning option.

The Child Care Act places the best interests of the child first when it concerns criteria for protection and removal of children from dysfunctional families. It would appear however, that after removing a child, the focus of the Act is on continued protection of the parents' possible chances of rehabilitation. In essence, the long-term stability of the child is compromised.

This is practically illustrated by the fact that a foster-care order has to be renewed every two years after the initial two year foster-care order is made. Each time, the social worker has to provide a reasonable statement as to why the child cannot return home. This may continue until the child is emancipated, i.e. turns eighteen and is discharged from the provisions of the Child Care Act.

The biological parents are practically given forever to rehabilitate and if they do so, may stake a legal claim to their child, regardless of how this destabilises the child's life.

The provision for continued renewal of the foster-care order raises the question of whom foster-care benefits - the biological parents, or the foster-child?

In summation, the provisions of the Child Care Act 74/1983 are in direct conflict with the permanency planning perspective of long-term foster-care.

Since long-term foster-care in South Africa cannot guarantee a child a sense of permanence, it would suffice to say the following:

- \* If long-term foster-care is to be one of the options for a child in need of care, it should only be adopted where definitely no other options exists.
- \* A concise guideline needs to be developed by which the natural parents can be specifically disregarded as an option in permanency planning for a child.
- \* Where this guideline is successful in practice, it needs to be followed by a petition to motivate for legal guardianship in long-term foster-care and termination of parental rights within child care legislation.

## CHAPTER FOUR

### LITERATURE STUDY: FACTORS WHICH PRECLUDE THE RETURN HOME OF THE CHILD AS A PERMANENCY PLAN

Through practicing social work with children and studying the relevant literature, the writer feels that some initial guidelines need to be developed in order to guide the social worker in precluding the biological parents from being a permanency planning option. Hopefully these guidelines can be utilized in practice. Should they be successful, it is hoped that they will contribute towards the need for termination of parental rights in order to facilitate legal guardianship in foster-care.

This chapter will focus on literature which examines factors identifying the permanency plan of "return home" as being unfeasible. To the best of the writer's knowledge, there is no single article or book which has been written on this subject. Many authors refer to this subject as a part of a larger focus in foster-care.

Maluccio, et al, comment that specific research into factors which identify biological parents as an unfeasible permanency plan for a child, still needs to be addressed. There is no specific guideline, and the decision is often made within a broad framework and through worker intuition (1986).

#### 4.1 Access and Parental Behaviour


Numerous authors have commented on the direct link between regular parental visiting of children in care and the return home of the children. Allied to this is the behaviour which the parent displays towards the child in care and also in his own personal life.

For example, Maas and Engler suggest that children likely to grow up in foster-care are influenced by three things:

- \* The parents repeated behaviour, namely the extent to which they visit their children in placement on a consistent, regular basis,
- \* Parents manifest feelings during access, namely the quality of the interaction of parent and child during visiting.
- \* Parents expressed motives or goals in respect of working towards getting their children back, as indicated by concrete attempts to correct situations which prevent the child from returning home (1971: 356 - 358).

In examining the above three factors more closely, the authors delineate three categories of foster children who were most likely to grow up in long-term foster-care. The three categories are as follows:

- \* "The Unvisited Children": The parents of these children repeatedly did not visit their children, i.e. made no use of their access rights. The feelings imparted to these children by their parents were ones of rejection and non-interest. The parents had no goal of ever resuming care of their children.

 \* "The Visited Children": The parents of these children made regular, frequent use of their access rights by visiting regularly. The parents displayed interest and concern for their children during and in between access times, maintaining a psychological bond and the parent/child relationship. These parents however, had no visible plans or goals to resume care of their children.

\* "The Relinquished Children": The parents of these children did not visit, display an interest in their children, or want them back. These parents were happy to relinquish all rights towards their children, some even advocating adoption.

It would appear that where all or any of the parental characteristics are absent, the child will predictably grow up in long-term care. Maas, et al, suggest that the "unvisited children" are definitely candidates for long-term care, because of the total lack of parental interest displayed (1971: 357).

Lawder, Poulin and Andrews have also focused on the importance of regular access as being a predictor of a child returning home. They found that the reason for the placement of the child impacted on the length of time a child spent in care. Children who were placed in care because of problems such as marital conflict, incompetence, alcohol or drug-abuse were likely to remain in care for longer periods of time than children who were placed due to a parents physical illness, or a child's problems.

However, regardless of the reason for the placement of the child, the authors found that the single most important discharge factor was that of regular, consistent parental visiting (1986: 241 - 251).

Regular, consistent visiting by the parent, appears to indicate psychological bonding and emotional commitment of the parent to the child. The writer has found in practice, that where this commitment exists and is displayed through regular visiting, other problems and environmental stresses may be modified to support the child's return home. This is specifically so because the parents commitment to the child often provides the motivation for them to modify existing problem areas. Although the type and extent of access is important for including or excluding biological parents as a permanency planning option, it does not take into account numerous other factors such as personality structure, family circumstances and environmental situation of the parents.

#### 4.2 Psychological Factors Pertaining to the Parents

Glickman has attempted a clinical classification of parents, to predict their ability to resume care of their children. The classification focuses on emotional economy of the parents and location of their pathology. This means that the number of resources in the personality and the extent of disturbance in the personality are clinically assessed in terms of the amount of energy available for the job of giving in the role of parenting (1957).

The author defines four categories of parents whose children are likely to be fostered and who are unlikely to be able to resume care of their children in the long term. She comments that features from one group to another may overlap, but that in each group, a distinctive pattern can be seen, which relegates the parents to one or other group.

#### 4.2.1. The Ego-Defective Parents

Characteristics of these parents, include chronic, violent abuse, both physical and emotional, excessive alcohol abuse, excessive criminality, mental illness namely psychosis in which the child is part of any delusions and prostitution which is flaunted in front of the child.

The author comments that these parents are often unable to benefit from treatment or are resistant to intervention and therefore cannot care for their children in a stable, consistent, non-dangerous fashion.

Faller is in agreement with Glickman. He states that where a parent or parents experience serious mental health problems, chronic substance abuse, mental retardation, or inflict child or adult abuse, there is little chance of family re-unification (1984: 36).

A key issue does however seem to be ability of a non-violent or abusive parent, if any, to protect the child from the abusing or abusive parent. Where the non-abusing parent can protect the child from being abused or experiencing the effects of substance abuse, there is a chance that the child may return home.

#### 4.2.2 Parents Who Feed on their Children for Mental Survival

Parents who are ego-defective, seem to place their children in direct physical danger. In contrast, parents who feed on their children for mental survival seem to place their children at risk of emotional abuse.

Glickman defines these parents as maintaining their own health equilibrium by feeding on their children emotionally. They achieve this by inhibiting the child's ability to become a separate entity emotionally and personality wise. The symbiotic mother-child relationship from pregnancy is perpetuated by the parent after the child's birth. Often this inhibiting parent-child relationship is also accompanied by a lack of physical care of the child. (1957:29)

There appear to be two types of mothers who fall into this category; their behaviour towards the child distinguishing them.

The first mother is described as viewing her child as a mechanical gadget, not a human being. The child is not even seen as an extension of the parent for that would imply a certain recognition of the child as being an entity, with feelings and emotions. This type of mother can be further recognised by the lack of relationship between her and the child. She, upon investigation, has no feeling readily accessible to the child or to anyone else. Superficially, she may appear to participate emotionally with her child. However, on a deeper note, this is merely a learned social response, rigidly employed, and inflexible to the changing needs of the developing child. Glickman comments that this mother may perform well socially and vocationally, since no emotions are involved (1957: 30).



In treating this mother, the prognosis for change is extremely guarded, since her underlying personality structure is schizophrenic in nature. Any attempt at confrontation or challenging of her defenses could lead to a psychotic breakdown.

If the child is left in the care of the mother, or returned to her care, the mental equilibrium of the mother is maintained at the cost of probable development of autism in the child.

The writer is aware that proof of emotional abuse as a factor for removing a child is extremely difficult to come by. Fortunately, the stunted and bizarre behaviour of the child and the mother's often reluctance to treatment and change, facilitate removal and protection of the child's emotional well-being.

Glickman indicates that achieving a permanency plan for the child apart from the mother, is also extremely problematic. The mother requires the child as a crutch for herself. For the child to reside elsewhere to develop himself is intolerable, since that would imply recognition of the child's needs as separate from the mother's own. It is noted that often the mother responds to the child being placed by becoming mentally ill. Often this mental illness only subsides if the child is returned to the mother. Her mental equilibrium is restored whilst the child becomes emotionally ill again (1957: 31).

In examining other family members who may be able to counteract the negative emotional atmosphere created by the mother, little success is apparent. Glickman states that the father of the child is often detached emotionally himself. He is often dominated by the mother and unable to reach out to the child emotionally (1957: 32).

Furthermore, the father's warmth does not fall within the parameters of the primary relationship with the child, as the mother's does. Therefore if the father's warmth is adequate, it could not by itself provide sufficient emotional sustenance for the child.

The second type of mother who is involved in a symbiotic relationship with her child is described as being "primitively possessive, illogically infantile in her demands and voraciously hungry for dependency gratification" (Glickman, 1957: 34).

This type of mother is not cold or aloof. In contrast, she openly seeks gratification of her own needs from her children. According to Glickman, this mother has suffered enormous emotional deprivation in early childhood, often having had some dependency needs met. Without later

compensations, this mother has never been able to develop adequate defenses and continues to grieve for her earlier loss of compensation (1957: 35). When the child becomes mobile and begins to establish his autonomy from the mother, he becomes more demanding and less giving. The mother's need for gratification remains unmet. The child is often left unattended and neglected whilst the mother seeks instant gratification for her needs elsewhere.

Overt characteristics of this mother include impulsive behaviour for self gratification, physical neglect of the child, leaving the child alone for long periods of time, and irritability towards the child when he demands attention.

Another characteristic of this mother is her inability to tolerate excessive demands made by the child. His crying may drive her to beat him, placing him at physical risk. At other times she may interact in a loving manner.

Glickman comments that as the responsibility towards the child increases, the mother is unable to cope, leading to one of two reactions:

- \* the mother may flight, i.e. disappear, from the home for several hours at a time, to seek gratification elsewhere, leaving the child unattended, often hungry and scared.
- \* the mother may become depressed so that her activity is retarded. In this instance, her behaviour is such that the child is physically and emotionally neglected (1957: 35).

The father in this family appears to be an ineffectual person, unable to offset the serious lacks to which the mother subjects the child.

It would appear in treating this family, that no amount of help offered to this parent would be enough to enable her or him to give a quality of care to the child which will not endanger the physical and mental health of the child.

Glickman implies that long-term foster-care needs to be the permanency plan for the child concerned, but that it should have a legal sanction. A private placement will be fraught with difficulties, as the mother will continually attempt to take the child with her to meet her emotional needs, and then attempt to abandon him when he is too demanding for her to cope (1957: 37).

#### 4.2.3 The Narcissistic Parents

In describing the personality structure of the narcissistic parent, Glickman maintains they are pleasure-loving individuals, whose primary goal is their own direct self-gratification. These parents seem unable to obtain emotional gratification from relationships placed ahead of the "self", not even those of sacrifice for their children (1957: 42). Narcissistic parents seem to be rivals with their own children for attention, affection and gratification in general.

The narcissistic parent is described as having been greatly deprived in the very early stages of infancy, to the extent that he learns to give to himself first and lacks altruistic elements in his personality.

As a parent, the narcissistic parent relates to the child as he would to a toy, giving the child a measure of emotional interaction in at least the first years of life. Problems appear to occur as the child develops and becomes more demanding, requiring the parent to become less self-oriented. The emotional economy of the narcissistic parent is unable to cope with the demands of the child, a situation which is further complicated if the number of children increase.

According to Glickman, the narcissistic parent has a poor prognosis for treatment in respect of parenting skills. For the narcissistic parent, placing the child in care is a source of relief, meeting the parent's self-gratification needs, that is the need to give to self unhindered by the duty of having to give to someone else selflessly.

The normal anxiety and guilt feelings prevalent in parents whose children are removed are markedly absent in the narcissistic parent. Any motivation to rehabilitate is therefore also absent. If the narcissistic parent does feel guilty, it is usually a societal-guilt and not an inherent sense of guilt. Therefore any motivation to rehabilitate is impulsive and short-lived, the reality of coping with a child being too stressful (1957: 43 - 44).

#### 4.2.4 Parents Whose Neurotic Equilibrium Has Broken Down

Glickman comments that often there is a neurotic equilibrium in a parent-child relationship which affords an atmosphere in which a child can develop adequately on an emotional and physical level. Breakdown of this neurotic equilibrium, which serves both parent and child's needs, is facilitated by circumstances external to the personality or those internal to the personality - that is inner conflicts, of a family member (1957: 50).

When the cause is financial, lack of resources or tragedy, it appears that with assistance, the parent-child relationship can resume equilibrium, preventing the removal of the child.

When the equilibrium of family disintegrates without any apparent reality crisis, it can be assumed that it is the result of emotional exhaustion due to inner personality conflicts of a member of the family.

According to Glickman, the energy used to keep these conflicts repressed and defended is depleted. Whatever ego energy is available is used in attempts to combat the conflicts and their symptoms as they surface towards consciousness. There is insufficient energy left to cope with the demands of child-care (1957: 51).

In treating the parent who is suffering from a breakdown of neurotic equilibrium, she comments that the prognosis is guarded. The parent often attempts to have the child placed in order to solve own conflicts. In this instance, the parent classically projects her problems onto the child, maintaining that he is the problem and he needs treatment. To challenge this stance of the parent is to precipitate further neurotic disintegration in the personally structure of the parent. Furthermore, treatment of the parent-child dyad is often complicated by the reluctance of the parent to change and his or her scape-goating of the child. Pressure placed on the child by the parent can often lead to disturbed, acting-out behaviour in the child (1957: 54).

Support for Glickman's clinical assessment of parents in determining if a child should be returned to the parent's care or be placed in long-term foster-care, comes from Kline and Overstreet. In research into factors determining long-term care of children, the following criteria emerged:

- \* There is a pattern of ego-defective functioning in the past and present functioning of the parents. It is revealed in repetitive, unrealistic behaviour and an inability to learn from experience how to modify destructive modes of behaviour.

- \* There is evidence that the basic ego disturbances have led to the parents being unable to meet the basic needs of the child for care, affection, supervision or training, at some or other time.
- \* As a result of defective ego-functioning and parental inadequacy, the history of family functioning reveals longstanding, chronic instability.
- \* The child may have major developmental and / or psychological problems, resulting from the disturbed parent child relationship, and may require corrective care, which the disturbed family cannot provide for.
- \* There is an emotional and psychological bond between parent and child which would be detrimental if broken by adoption. The well-being of the child demands continuation of the bond after the physical separation of the child and parent (1972: 54).

The personality structure of a parent, or parents is vitally important in assessing the parent or parent's ability to provide adequately for a child on an emotional, psychological and physical level. Parents however, do not exist in isolation. They are a part of a family, nuclear and extended, and as such also interact with other environmental systems in an active way.

From a holistic viewpoint, the family system and environment within which the family exists also need to be examined, in so far as they promote or detract from the quality of care a family can give a child.

### 4.3 Family Factors

Maluccio, et al, comment that besides psychological factors in the parents, other general parental and family factors need to be assessed. Besides this, factors pertaining to the child also need attention. Factors pertaining to the individual as well as those pertaining to the family as a whole are important in assessing the viability of the biological family as a permanency planning option (1986: 93).

#### 4.3.1 Family Functioning

Maluccio, et al, (1986: 94) suggest that the numerous aspects of family functioning which are important predictions of a family being able to cope with the return of a child:

##### 4.3.1.1 Patterns of Functioning:

The patterns of functioning which a family adopt indicate how they cope with various aspects of their lifestyles. Past patterns of functioning are a good indicator of how a family will function under similar circumstances in the future.

Family therapy, more specifically "Structural Family Therapy" provides useful insight into patterns of family functioning.

The functioning of the family is carried out through its sub-systems; parental, spouse and sibling sub-systems. Problems in family functioning stem from the nature of the boundaries between sub-systems, the alignment of the sub-system members with each other, and the sharing of power among individual members and sub-systems.



For families to function adequately, that is, for them to respond to internal and external changes, by transforming themselves without losing continuity, the boundaries between sub-systems must be clear.

Where boundaries are too flexible or too rigid, family sub-systems become too enmeshed or too distant to allow healthy or active growth of individual members, or of the family in its environment.

Minuchin comments that both enmeshed and disengaged families are prone to experiencing individual or family pathology. In the enmeshed family, the boundaries between sub-systems are so blurred that behaviour of one member reverberates across sub-system boundaries, affecting all other sub-systems and members.

In contrast, in the disengaged family, boundaries are extremely rigid, and only a high level of stress in a member of the family manages to enlist a response from the other members and sub-systems. Often, the family does not respond when a response is legitimately called for (1977: 55).

The alignment of members in a family is an important indicator of dysfunction in a family. Minuchin suggests the following aspects of alignment which precipitate individual or family pathology.

- \* The first aspect is that of "triangulation". Each parent demands that the child sides with him or her, against the other. When the child sides with one parent, the child is automatically defined as attacking the other. The child is effectively paralyzed as the parents fight each other through him.

- \* The second aspect is termed "detouring". In this instance, the spouse sub-system reinforces deviant behaviour in the child in order to detract from focusing on spouse-system conflict. The spouse-system appears to be in perfect harmony, the child-system being labelled as problematic. In practice, the problem child is hardly ever treatable in the family, because the spouse-system cannot tolerate examining spouse-conflicts and delabelling the so-called problem child.
  
- \* The third aspect of alignment which promotes pathology is termed "stable coalition". Where this exists, one parent is locked into a coalition with the child against the other parent. In effect, the child enters the spouse-dyad and the other parent is excluded, often entering the child-subsystem (1977: 102).

In determining whether a child can safely return home, it is important to examine the extent to which the family and its subsystems are able and willing to renegotiate the dysfunctional alignment of family members. Where the family is unable or unwilling to do so, it would appear that returning the child will place him at risk. This is substantiated by Minuchin, who comments that children who are victims of dysfunctional alignment, most often experience severe psychosomatic symptoms and behaviour disorders (1977: 103).

Power in the family, that is the relative influence of each family member upon the outcome of an activity, is an important aspect in the dysfunctional family. Power which gives a child authority over the family functioning, or which elevates a parent to omnipotence, is often an indicator of dysfunction. In practice, this applies especially in the sexually abusive family, where the father is often all-powerful, exhibiting control over all family members' activities, behaviours and attitudes.

Where power in the family is localized in one person only or is shared unevenly throughout the family sub-systems, there is a risk of dysfunctional development in the family.

In summary the family functioning, through the examination of sub-system boundaries, alignment of family members and the distribution of power, can be seen to be functional or dysfunctional. However, the fact that a family's functioning is dysfunctional does not preclude the child from returning home. The key deciding factors should be the extent to which the family continues to be dysfunctional, despite treatment, and whether this dysfunction will adversely affect the child if he returns home.

#### 4.3.1.2 The Parents Childhood Experiences

Maluccio, et al, suggest that the childhood experiences of parents have importance for including or precluding them as a permanency planning option for their child.(1986: 98)

The child-rearing practices which parents experienced, impact substantially upon how parents raise their own children. Parents own experience of discipline measures, family relationships and childhood sense of permanence are key issues in deciding if they can be a permanency option for their own, placed children.

Maluccio, et al, purports that parents who themselves were victims of impermanence as children, have limited insight into the need for permanence of their own children. The writer can substantiate this through incidents in

child-care practice. It is often the case that parents who were abandoned as children, abandon their own children. In other instances, adults who were moved to various homes as children, often subject their children to a highly mobile experience (1986: 99).

It appears that the more impermanence parents had as children, the more likely they are to subject their children to impermanence in their living arrangements.

The important issue is the extent to which parents can and are able to develop insight into the importance of permanence in a child's life, and set about achieving permanence in their lives.

It is suggested that where parents continue to exhibit impermanence in their lives - short, fluctuating relationships, many job losses, many moves - it would appear that the child would be at risk of impermanence if he returned home.

The discipline measures which parents experienced as children often influence the manner in which they discipline their own children.

Maluccio, et al, comment that parents whose children are in care, have often experienced inconsistent, abusive parenting as children. They have modelled on this mode of parenting and often employ it with their own children (1986: 94).

The extent to which this abusive mode of parenting continues or is modified will be an indicator of whether the child would be at renewed risk if he returned home.

It also appears that an abusive childhood experienced by parents, has implications for the present spouse-system. Maluccio, et al, have noted that these parents often have a dysfunctional relationship characterised by both verbal and physical conflict, as a means of coping with stressful situations (1986: 95).

The ability of the parents to learn more socially appropriate ways of handling stress and more adequate means of meeting out discipline will affect their chances of regaining custody of their placed child.

In summary, parents childhood experiences are vitally important in assessing their potential to be a permanency planning option for their child. The disrupted, abusive childhood of a parent is an indicator of chronicity of present problems and ability or inability to adapt or change.

#### 4.3.1.3 The Spouse - Subsystem's Functioning

The spouse-subsystem has the expressive function of existing in order to form a family unit; and achieves this through complementarity and mutual accomodation. This means that a couple must firstly develop patterns in which each spouse supports the other's functioning in many areas. Secondly they must develop patterns of complementarity that allows each spouse to "give in" without feeling that he has "given up" (Minuchin 1977: 56).

Problems in the spouse-subsystem most often centre around these issues of complementarity and mutual accomodation.

expectations of the child and other historical, environmental and behavioural factors (1983: 183 - 209).

In contrast, Bolton suggests that positive indicators of bonding include a comfortable parental response to the child's demands, without a sense of cost or reward; the child feels secure and comfortable in relating to the parent; parents and child recognise each other as individuals; there is a parental satisfaction in the child's growth (1983: 61).

Where a parent and child display poor bonding, the relationship may be characterised by scape-goating, victimisation, harsh criticism, inappropriate discipline, neglect and emotional abuse. In this instance, the chances of a child receiving a sense of permanence with his parents are poor, and the child may well fare better in long-term care.

It is often the case that the parent and child may be bonded, but that the relationship between parent and child is problematic. Where the child is not physically, mentally or emotionally handicapped, it is often the parent who for some reason is reminded through the child of problem areas in the parent's life; for example, unmet dependency needs and an inability to tolerate authority. In this instance, the child is labelled problematic and is often scape-goated, abused, or neglected, as the parent attempts to deal with the reminder of his unresolved problems.

Where the parent is unable to resolve his problems or is unable to separate his problems from the child, the child will only be at physical or emotional risk if he returns home. More than likely he will be placed in care again at a later stage; the cycle of impermanence gathering momentum.

Instead of being a supportive, caring unit, the subsystem may be characterised by excessive competition, criticism, unrealistic expectations and abuse. In many instances, problems in the spouse-subsystem become diffused throughout other subsystems of the family leading to dysfunctional behaviour of other family members.

Where the spouse-system is experiencing instability, it is paramount to assess the effect this will have on the child if he returns home. In many instances, the spouse-system may have achieved stability with the child in placement and may again disintegrate if it has the pressure of caring for the child.

Where the spouse-system cannot tolerate the return of the child or is so dysfunctional as to harm the child emotionally or physically, return home may be ruled out as a permanency plan for a child.

#### 4.3.1.4 Parent - Child Relationships

An important factor determining the return home of a child is the quality of the relationship between the parent or parents, and the child. The quality of the relationship can be determined by both the overt handling and care of the child as well as the underlying attitudes of both parents and child towards each other.

Underlying the way a parent handles a child and the attitudes each have to the other is the nature of the bond between parent and child.

Bolton comments that poor bonding is characterised by early childbirth, poor frustration tolerance, ignorance of child development, inability to perceive the child's behaviour as rewarding, denying the opportunity of relationships between the child and others, rigid

#### 4.3.1.5 Parental Responses to Children in Different Developmental Stages

Rossi has divided parenthood into four stages.

- \* The Anticipatory Stage: This stage refers to pregnancy and the adjustments which it requires. In many instances poor bonding and inadequate parenting begin in this stage, where the pregnancy is unwanted and may cause mental trauma in the parent.
- \* The "Honeymoon Stage": This is the time period immediately after the infant's birth, up to three months. During this period, the parent-child attachment is formed.
- \* The "Plateau Stage": During this stage, the parents assume the roles of mother and father practically as they raise their children in every day situations.
- \* The "Termination Stage": This is the time during which children leave home and establish their autonomy elsewhere (1986: 26 - 39).

According to the author, each stage of parenting is accompanied by some critical period in the child's development, which produces or reactivates a critical period in the parent's lives. Some parents are able to resolve conflicts at a new level of intergration, enabling them to negotiate each phase of parenting successfully.

Some parents, however, are unable to negotiate the resolution of their conflicts, and may be unable to cope with the demands of one or more of the parenting stages.



Part of the reason for placing a child may well be that a parent is unable to cope with a particular phase of parenting; and the demands of the child which accompany it. Important though, is the phenomena of parents being unable to cope with a child in a certain phase of development, but being able to cope with that same child in another phase of development. It is therefore important to pinpoint the developmental phase of the child and his parents ability to cope with it, when deciding whether he should return home, or remain in care.

Black, in Maluccio, et al, acknowledges that different parental qualities are required in dealing with children in different developmental stages. He suggests that from birth to age four, the important factors in child-rearing are, amount of time spent with the child, responsiveness to the physical needs of the child, ability to respond to the child's needs before ones own needs, the capacity to invoke a sense of trust in the world around the child and the flexibility to grow with the child.

From the age of four, to the age of twelve, the ego of the child consolidates. The child imitates, identifies, acquires traits, and learns values and beliefs. This time period also marks the importance of interpersonal relationships, morals and conscience formation and sexual identity formation. Parents who best facilitate these things in the child's development are those who are secure in their own sexual identity, have internal sense of right and wrong, are able to be nurturant and involved; can promote auto- nomy, and have the quality of empathy (1986: 98).

Parental responses to children in different developmental stages has important implications when deciding if a child should return home or be placed in long-term foster-care after the mandatory two year period. Often parents are unable to cope with a child in a certain developmental stage, but may be able to cope adequately when that child enters another developmental stage, thereby promoting the chance of the child returning home. The opposite may also apply.

#### 4.3.1.6 Recognition of Parental Strenghts

The writer has found in practice, that it is often easy to fall into the trap of focusing on parental weaknesses, since they are mostly responsible for the placement of the child and are therefore glaringly obvious.

The ecological perspective on practice, although focusing on parents' weaknesses, places much emphasis on recognising and developing parental strengths to their full potential. This affords parents the hope of being able to regain custody of their children through being pro-active in their environment.

If, after this has been attempted, and hopefully achieved, the family environment is still not able to accomodate the return of the child, it is safe to assume that long-term foster-care is the most viable permanency plan for the child.

If one maximizes parental strengths, and the family is still not able to cope, parents are often more able to accept the placement of the child as long-term, since they have tried their best and are less likely to feel cheated by a system over which they have no control.

#### 4.3.1.7 The Family's Environment

Examination of the family's environment is important in order to assess the "goodness of fit" between the family, its members and the impinging environment. The extent to which the family and its members have manipulated the "fit" and have been motivated to do so, is a predicting factor for including or excluding them as an option of the long term placement plan for the child.

A related environmental factor is the nature and extend of the biological family's support systems. The more isolated the troubled family, the less likely it is to rehabilitate itself and to be able to cope with the return of the child. Support systems such as a functioning extended family, day-care facilities, marital counselling services and alcohol support systems are often vital if a family wants to reunite with a placed child.

The extent to which a family is motivated to link up to these social supports in order to rehabilitate itself, is often a predictor of whether or not a child can return home (Jenkins, 1967: 452).

#### 4.3.1.8 Characteristics of Abusive or Neglectful Parents

Many children are placed in alternative care because their parents abused or neglected them.

Maluccio, et al, suggests that it is important to understand the characteristics of the abusive or neglectful parent, especially where these characteristics impinge directly on the quantity and quality of child-care (1986: 101).

In consensus with Glickman (1957), Maluccio, et al, comment that the defenses used by abusive or neglectful parents are ego-syntonic in that they enable the parent to get by on a daily basis. They are however, ego-alien in that they impair the ability of the parent to care for the child consistently in a stable fashion (1986: 102).

Some of the characteristics of the abusive or neglectful parent include an inability to trust, substance abuse, social isolation, a high mobility rate, employment problems, a preoccupation with self, poor impulse control and poor judgement.

The extent to which these characteristics prevail, can be modified or continue to be evidenced, will affect the parents ability to regain custody of his / her child.

#### 4.4 Factors Pertaining to the Child

Maluccio, et al, stress the importance of a thorough understanding of a child in order to successfully choose and implement a permanency plan (1986: 103).

To understand the needs of the child and to decide if his family can meet those needs on a long-term basis, involves close examination of the child's development needs, scholastic requirements, health, number of placements and current functioning.

Obviously these factors do not exist in isolation to the child's environment and living arrangements, and one must bear in mind the important influence of the biological family on the child's development, even in his absence.

#### 4.4.1 Developmental History

Physical, intellectual and emotional milestones can indicate specific problems or lags the child may have and which may need special attention. This, in conjunction with the parents' circumstances would indicate the parents capacity to meet these needs.

The child's progress in foster-care can be collated to the extent to which the parents would continue to facilitate the progress, or hinder it; an important factor in determining if the child should return home.

Development needs also must be viewed in the context of stimulation offered or denied by parents. If there was a lack of stimulation, amounting to neglect when the child was removed, an improvement needs to be noted if the child is to return home. Possibly the type of stimulation was detrimental to the child and the parents will have needed to modify this.

Furthermore, the parents perception and description of the child's development is important in that it indicates an interest and awareness of the child or a lack thereof.

#### 4.4.2 Scholastic Factors

The differences in the child's experience of schooling from before he was removed to after he was placed in foster-care, can provide valuable insight into where the child progresses best. If the child was under-achieving scholastically at home, and if the circumstances which contributed to this still exist at the end of the two year foster-care order period, it may not be beneficial for the child to return home.

Factors such as constant moving by the parents which would inhibit the child's chances to adapt at school, develop his scholastic potential and find a social niche also need to be addressed.

School attendance is also an important factor in determining if a child can return home. The parents' general level of responsibility and reasons which they would give for poor school attendance on the part of the child will indicate their commitment to his future education.

Often a child has a definite learning disability, attention deficit disorder or limited intellectual ability. How the parents perceive this will determine their ability to cope with the child on a long-term basis. Education is of vital importance in promoting a child's sense of autonomy and equipping him to cope in later life as an adult. The manner in which parents view education, and perceive their child's educational needs, are largely indicative of how they will facilitate or hinder the child's academic progress. Scholastic factors therefore can be indicators of whether a child should return to the care of his parents, or remain in long-term care (Maluccio, et al, 1986: 106).

#### 4.4.3 Health Factors

Particular disabilities which a child may have, need to be thoroughly explored in so far as they affect the child, his family and the general environment in which he has to function (Maluccio, et al, 1986: 108).

Often a disability in the child overpowers parents who respond by simply not being able to cope. In this instance it is often feasible to teach parents coping skills and link them to relevant support systems, thereby preventing removal of the child or facilitating the child's return home from placement. The extent to which parents want to learn coping skills, and make active use of support systems are two important determining factors.

For many families who come to the attention of the child welfare system, a child's disability is one of numerous family problems - marital conflict, alcohol and general substance abuse, financial stress and unemployment problems. It is often the case that parents are only too relieved when the disabled, difficult child is removed, allowing the family to invest most of its energy in changing, or perpetuating, other problem-areas. These parents all too often do not respond to finding new coping methods and are not able or interested in utilising relevant support systems.

Where this is prevalent, a child is at risk of being neglected if he remains in, or returns to his biological family (Jenkins, 1967: 450 - 455).

In other instances, a disability in a child provokes extreme anger, resentment and frustration in parents, who not only find it difficult to cope with the child, but are intolerant of the special needs of the child which impinges on their freedom.

Lauder, Poulin and Andrews comment that this child is likely to be neglected or abused as parental frustration rises. Furthermore, dispositional factors in the parents

preclude them from being able to develop a more tolerant nurturing role towards the child. The authors found in a study conducted, that these children tend to remain in long term care, being at risk of further neglect or abuse if they return home to their biological parents (1986: 248 - 249).

In addition to parents perception of a child's disability and the manner in which they cope with it, is the way in which they view general child-care practice in respect of nutrition and health. The extent to which parents generally promote good health-care in any child, disabled or not, is an indicating factor of whether or not the child will benefit from returning home.

The writer is aware that often a child's disability and resultant problems are so severe that it is impossible for virtually any parent to cope with and that not coping in fact is not due to any lack in the parent. This type of child is often more easily accomodated in a structured environment of an institution.

#### 4.4.4 Out of Home Placements

Maluccio, et al, pinpoint the number of out of home placements a child has had (legal or private) as being important in determining the ability of the biological family to give a child a sense of permanence and stability.

The more often a child has been "abandoned" with friends, relatives and neighbours for extensive lengths of time, the less likely the biological family's capability to provide the child with permanency (1986: 110).

It often happens that a child is legally placed in foster-care and is then returned to the care of the parents after a while. Where the child has to be removed again, it would appear that long-term care will better provide the child with a sense of permanence, since the



ability of the biological family to cope with the child is questionable.

A further issue is that of abandonment, removal and behavioural problems. Lauder, et al, (1986: 249) indicate that many children who are removed from their parents have behavioural problems due to family dysfunction. They are exacerbated by the removal of the child legally and other previous, often numerous "abandonments" of the child. Children who have behaviour problems are often candidates for long-term care, the parents contributing to the behaviour problems and therefore being unable to contain them.

Parents need to maintain regular access with the child in care to prove that they have not abandoned their child and also need to demonstrate in access times that they do not contribute to behaviour problems and are able to contain behaviour problems in a realistic fashion.

A further area for observation is the trend of the out of home placements of siblings of the placed child, who are possibly left in the care of the parents. The extent to which these children are "farmed out", provides an indication of whether or not the placed child will experience the same impermanence, should he return home.

#### 4.4.5 The Childs Current Functioning

Maluccio, et al, suggest that it is important to assess the current functioning of the child emotionally and psychologically in order to elicit the child's feelings about his parents, the nature and extent of his bond with them and his feelings about permanency planning. This is especially important if the permanency plan appears to be one of long term foster-care (1986: 107).

Kufeldt points out that when children are given the opportunity to be heard, children (out of home) can provide observations that are both useful and insightful (1984: 257).

If the permanency plan is one of long-term foster-care, it is important to examine the child's feelings of apprehension, anger, hostility or compliance regarding the probable decision. The success of the placement depends largely on the co-operation of the child.

The current functioning of the child highlights problem areas which the biological parents could experience with the child's return. Their willingness and ability to cope with these problems need to be assessed.

#### 4.5

##### The Permanency Planning Contract: A Decisive Factor in Determining the Future of the Child

The contract or service agreement is defined by Maluccio, et al. It is a written statement of concurrence between a biological family, the social worker and other collaborating professionals. Its overall purpose is to give a child the promise of permanency in an environment that promotes healthy growth and development. The primary function of the contract is to facilitate the process of deciding in a specified time-frame, where a child will grow up (1986: 121).

The contract can be implemented where a child has not yet been removed from home, but where the home circumstances need to improve in a specified time-frame to prevent the removal of the child.

For the purposes of this study however, the contract will be discussed in so far as it slots into the two year foster-care order period, during which parents must rehabilitate themselves in order to effect the return home of their child.

The contract is drawn up at the time of the removal of the child or shortly after. It focuses on responsibilities of the parents, child and social worker, if at the end of the two year period, the child's permanency plan is to be one of re-unification with his parents.

#### 4.5.1 Contents of the Contract

The contract has the following ingredients:

- \* Identification of participants in the agreement.
- \* A mutual committment of all parties to the childs right to permanence.
- \* A statement of the preferred permanency plan which is realistic and honest.
- \* Time-frames for decisions to be made about the permanency plan - adapting it or maintaining it.
- \* A list of goals to be achieved and time-frames indicating when they need to be achieved.
- \* A list of tasks to be carried out to achieve the goals and time frames for their completion for parents, child, social worker and collatorial people.
- \* Time-frames for progress review meetings.
- \* Appropriate signatures.
- \* Date upon which the contract commences.

#### 4.5.2 Advantages of a Contract Upon Choice of Permanency Plan

There are several advantages in formulating a contract with parents and children when attempting to implement a permanency planning option.

Firstly, it forces the social worker to carefully assess the whole family and individual weaknesses and strengths, as well as environmental factors which impinge on them. This in turn enables the development of a realistic picture of areas to be improved upon and capabilities of the family and its members.

Secondly, the contract enables the social worker and the family to formulate realistic goals and tasks to be achieved to indicate improvement. The family can achieve growth and adaptation. If they do not do so, it is not due to lack of services offered or a misunderstanding between parents and social worker.

Thirdly, the time-frames imposed for goals and task achievement as well as review procedures act as a reminder for the parents that rehabilitation is time-limited. They also force the social worker to offer the best intervention she can in the period delineated. The child and family cannot become lost in the foster-care system, since decision-making and review are spelt out by time-limits.

Fourthly, the parents participate in the process of implementing the contract. They are able to feel useful, worthwhile and capable. They have definite goals and attaining them is their responsibility. This ameliorates a situation in which parents feel dominated by the demands of the social worker without having any additional influence on what happens to them or their children.

Fifthly, and most importantly, the contract affects the final decision, after two years, as to what permanency

plan will be adopted for the child. It is a tool whereby progress or lack of it can be systematically evaluated in the family over the two year period.

If the circumstances have not improved sufficiently for the child to return home, the decision to implement long term foster-care can be made more objectively. The reasons are far more easily understood by parents and child, enabling the child and parents to accept more easily the alternative care placement.

Finally, Maluccio, et al (1986) advocate that long-term foster-care should be characterised by legal rights for foster parents. At present there is no provision for termination of parental rights or giving foster parents legal guardianship over foster children. Use of a contract which systematically spells out where parents have failed consistently to improve their situations can be used to motivate for termination of parental rights over children in foster-care. The contract can also be used to petition the courts to modify the Child Care Act in order to incorporate legal guardianship for foster parents, thus ensuring permanency in long-term foster-care.

From the literature studied, the writer is of the opinion that an holistic approach needs to be adopted in deciding whether a child will return home or not as a permanency planning option. This is especially important in order to prevent a child from being denied the opportunity of growing up in his own family with its sense of human connectedness and belonging.

From the literature, the writer has identified several key areas which need to be examined and critically evaluated in order for a reasonable decision to be made in respect of a child's future.

These key issues have been developed in guideline form and will be discussed in the next chapter.

**SECTION III: FACTORS WHICH PRECLUDE THE PARENTS  
AS A PERMANENCY PLANNING OPTION FOR  
THE CHILD**

## CHAPTER FIVE

### GUIDELINES FOR PRECLUDING PARENTS AS A PERMANENCY OPTION

#### 5.1 The Permanency Planning Contract

- \* The parent or parents have consistently not adhered to conditions set down in the contract which they were supposed to achieve in a time-limited fashion.
- \* The parent or parents have consistently attempted to change or modify the conditions specified in the contract, with no real cause for doing so.

(If the answer to either one or both of the above is yes, then the chances of the child returning home is minimal)

#### 5.2 Factors Pertaining to the Child

##### 5.2.1 Current Functioning of the Child

- \* The child is achieving well scholastically.
- \* The child has bonded with the foster-parents and has a positive relationship with the foster family.
- \* The child displays normal behaviour.
- \* The child displays emotional security.
- \* The child is ambivalent about returning home.

(The more factors which apply, the less chance of the child returning home)

### 5.2.2 Health Factors

Where the child displays health problems (physical or psychological disability):

- \* The parent or parents reject the child because of his or her health problems.
- \* The return of the child will precipitate dysfunction in the family.
- \* The parent or parents have limited insight into the special needs of the child.
- \* The parent or parents have consistently not availed themselves of relevant treatment or support facilities in order to help them cope with the child.
- \* If the child returned home he or she would be at risk of neglect or abuse.

(The more factors which apply; the less chance of the child returning home)

### 5.2.3 Scholastic Functioning

- \* The scholastic functioning of the child whilst at home, indicated below-average functioning.
- \* The scholastic functioning of the child whilst placed, indicated a positive improvement.
- \* The factors in the biological home which led to poor scholastic functioning of the child have not improved.



- \* The parent or parents indicate poor insight into the child's scholastic needs.
- \* The parents' ability to provide the child with regular, consistent education is minimal.
- \* Where the child needs specialised education, the parent or parents indicate an inability to provide this.
- \* If the child were to return home, he or she would experience an inadequate educational experience.

(The more factors which apply, the less chance of the child returning home)

#### 5.2.4 Developmental History of the Child

- \* The developmental growth of the child has been stunted through the family dysfunction.
- \* The parent or parents have not taken steps to correct the circumstances which lead to developmental lags.
- \* The parent or parents display limited insight into the present developmental needs of the child.
- \* The parent or parents are unable to cope with the present developmental needs of the child.

(The more factors which apply, the more chance the child has of experiencing arrested development if he returns home)

### 5.3 Family Factors

#### 5.3.1 Family Functioning

There is dysfunction in the family functioning:

- \* The boundaries between family sub-systems are either too rigid or too flexible, leading to extreme enmeshment or disengagement of family members.
- \* The alignment of family members is dysfunctional, characterised by triangulation; detouring or a stable coalition of family members.
- \* The child displays behavioural or emotional problems when exposed to dysfunctional boundaries and alignment of members.
- \* Power is localised in one member of the family, or is distributed unevenly throughout the family system.
- \* The family has refused to seek treatment to correct the dysfunctional aspects of family functioning.
- \* The family has sought treatment, but has indicated a limited ability to benefit from the treatment.

(The more factors which apply, the more chance of the child experiencing renewed behavioural and emotional problems if he returns home)

### 5.3.2 Parent or Parents Childhood Experiences

- \* The parent or parents experienced impermanence in their childhoods (removal, abandonment, growing up apart from their parents).
- \* The parent or parents experienced emotional or physical abuse and/or neglect as children.
- \* The parent or parents experienced inconsistent, inappropriate discipline as children.
- \* The parent or parents display abusive or neglectful behaviour and impermanent lifestyles towards their children.

(The more factors which apply, the more chance that the child will have an impermanent, abusive lifestyle if he or she returns home).

### 5.3.3 The Spouse-Subsystem's Functioning

- \* The spouse sub-system is characterised by conflict.
- \* The conflict is expressed as verbal, physical or emotional abuse.
- \* The children are exposed to the conflict and abuse.
- \* The spouse-subsystem is reluctant to focus on its problems through seeking treatment.
- \* The spouse-subsystem has sought treatment but has indicated little improvement in its functioning.

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- \* The spouse-subsystem is reluctant to focus on its problems through seeking treatment.
- \* The spouse-subsystem has sought treatment but has indicated little improvement in its functioning.

- \* The spouse-subsystem functions adequately when it does not have to meet the demands of parenting the placed child consistently.
- \* When the placed child is exposed to the spouse-subsystem, it becomes dysfunctional again.

(The more factors which apply, the more chance that the spouse-subsystem does not want to resolve its problems, or the more chance that it cannot cope with the permanent return of the child).

#### 5.3.4 Parent - Child Relationship

- \* The parent-child bond is negative, characterised by rejection of the child, scape-goating of the child, harsh criticism, frustration, neglect and sometimes abuse.
- \* The parent or parents fail to attempt to build a more positive bond with the child.
- \* The parent or parents see the child as the problem, having little insight into his or her role in the problem.
- \* The parent has a positive bond with the child, but is unwilling or unable to resume care of the child permanently.

(The more factors which prevail, the more likely the child is to experience removal again if he returns home).

### 5.3.5 Parental Responses to Children in Different Developmental Stages

- \* The parent or parents were unable to cope with the child in a particular developmental phase whilst he or she was at home.
- \* The parent or parents were able to cope with the child in his or her previous developmental stage, and placement of the child was not solely because the parent or parents could not cope.
- \* The parent or parents are unable to cope with the child in his or her present developmental phase.

(The more factors which are present, the more chance the child has of being neglected, abused and removed again, if he or she returns home).

### 5.3.6 Recognition of Parental and Family Strengths

- \* Parental and family strengths have been identified and maximised in treatment.
- \* Despite maximising parental and family strengths, the family continues to function at a level which threatens the permanent stability of the child.

(Where these two factors prevail, the child is in danger of experiencing impermanence if he returns to the care of his parent or parents).

#### 5.4 Environmental Factors

- \* Environmental factors were partially responsible for the child entering placement (unemployment, imprisonment of one parent, parental illness).
- \* Despite these environmental factors being manipulated, they still prevail.
- \* Should the child return home, these environmental factors will negatively influence the child.

(The more factors which prevail, the less chance of the child returning home).

#### 5.5 Support-Systems

- \* The family has access to a functioning extended family, and/or supportive networks.
- \* The family has made no effort to link with these resources to improve family functioning.
- \* The family continues to function in isolation with no valid reason.

(The more factors which prevail, the more guarded the family's prognosis for treatment and commitment to having the child returned home).

## 5.6 Access of Parent or Parents and Child

- \* The parent or parents do not make use of access rights, namely maintaining regular, consistent contact with the child physically or verbally.
- \* During access, the parent or parents display behaviour which is detrimental to social, emotional and physical well-being of the child.
- \* The parent or parents do not display an interest in the child on a regular, consistent basis.

(The more factors which apply, the less chance the child has of maintaining an ongoing psychological bond with the parent or parents, facilitating return home of the child.

## 5.7 Substance Abuse

Where the substance abuse is prevalent in the family,

- \* The substance abuse affects the emotional, social and psychological well-being of the child.
- \* A functioning ally, who can protect the child from the effect of the substance abuse, is absent in the home.
- \* The substance abuser or abusers have sought treatment but have not relinquished substance abuse.
- \* The substance abuser or abusers have declined to make use of treatment facilities and continue the substance abuse.

(The more factors which apply, the greater the chance that the child will experience removal again if he or she returns home).



## 5.8 Psychological Factors in the Parents

### 5.8.1 Ego-Defective Parents

- \* One or both parents display episodes of physically abusive behaviour on a consistent basis.
- \* The physically abusive behaviour is directed at either a spouse or children.
- \* There is no functioning ally in the home who can protect the children from the physical abuse.
- \* The physical abuse is accompanied by substance abuse.
- \* The abusive parent or parents fail to modify the abusive behaviour through treatment.
- \* The abusive person or persons fail to seek treatment to modify the abusive behaviour.
- \* One or both parents experience mental illness.
- \* The mental illness constitutes a risk to the emotional and physical safety of the child.
- \* The mentally ill parent or parents do not comply with treatment recommendations.
- \* The mental illness cannot be contained.

### 5.8.2 Parents who Feed on their Child for Mental Survival

- \* The parent or parents display emotionally cold behaviour towards the child or are possessively overinvolved with the child.

- \* The parent or parents are unable to experience the child as separate from self.
- \* The parent or parents inhibit any attempt of the child to become autonomous and relate to his or her external environment.
- \* The parent or parents are unable to acknowledge problematic behaviour in the child.
- \* The parent or parents are unable to identify inadequate parenting skills.
- \* The parent or parents indicate a continual need for emotional gratification.
- \* The parent or parents display a history of impulsive, short lived relationships.
- \* The parent or parents respond to the child's demands through flight or severe immobilizing depression.
- \* The parent or parents display neglectful or uncontrolled, episodic, abusive behaviour towards the child when he or she is demanding.

#### 5.8.3 Narcissistic Parents

- \* The parent or parents display self-oriented behaviour in relationships.
- \* The parent or parents are unable to sacrifice self in order to meet the child's demands.

- \* The child is often neglected or left unsupervised.
- \* The parent or parents respond to the child being placed with relief rather than anxiety.
- \* The parent or parents see the child as the problem and display little insight into their role in the problem.
- \* The parent or parents indicate minimum modification of behaviour through treatment.

#### 5.8.4 Parents who Experience Neurotic Equilibrium Breakdown

- \* The parent or parents indicate repeated episodes of not coping.
- \* These episodes are not characterised by a reality crisis.
- \* During these episodes, the child is neglected and/or possibly physically abused.
- \* The parent or parents see the child as the problem, and blame the child for not coping.
- \* The parent or parents deny any responsibility for not coping.
- \* The parent or parents expect the child to change in order for the problem to rectify itself.

(The more psychological factors which apply, the more chance the child has of being neglected or/and abused on an emotional and/or psychological level, should he return to the care of his or her parents).

#### **SECTION IV: CONCLUSION AND RECOMMENDATIONS**

- \* The child is often neglected or left unsupervised.
- \* The parent or parents respond to the child being placed with relief rather than anxiety.
- \* The parent or parents see the child as the problem and display little insight into their role in the problem.
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(The more psychological factors which apply, the more chance the child has of being neglected or/and abused on an emotional and/or psychological level, should he return to the care of his or her parents).

From the literature surveyed, the writer has developed a guideline for deciding that a child will not be able to have a permanent plan of returning home, but will be placed permanently in care.

The guideline has not been practically tested through application and evaluation. Hopefully it will be a tool through which data can be gathered over the next two years, indicating its success or lack of success, in deciding if a child should return home or not after the two year foster-care order expires.

At present it is not possible to indicate exactly how many of the factors in the guideline need to be specifically prevalent in order for a decision to be made on whether the child returns home or not. At most, the writer can suggest that if over half of the factors are prevalent, the risks attached to allowing the child to return home need to be weighed carefully against the benefits the child may reap in the long term future.

This is specifically pertinent when one considers that the child may have to be removed again at a later stage, the move being compounded by the traumatic effects of the possible further abuse and neglect which the child has experienced upon returning home for a while.

## CHAPTER SIX

### 6. Conclusions and Recommendations

#### 6.1 Conclusions

- \* From research into current foster-care practice in the United States of America, Canada and the United Kingdom, it has been shown that the traditional definition of foster-care has not been applied in practice. Instead of foster-care being a short-term, remedial measure to facilitate reunification of parents and child, or to provide a child with long-term stability and continuity of relationships, foster-care is characterised by an unlimited, undefined time period, in which many children experience numerous foster placements.
  
- \* Many research papers and studies have focused on the effects of long-term, impermanent foster-care and multiple foster-placements upon children. Findings have indicated that the system of foster-care has impacted negatively upon specifically the emotional and psychological aspects of the foster child's development. It appears that social workers have borne the brunt of these unfavourable findings in that they have not campaigned aggressively enough to return a child to his family, or facilitate his adoption or provide a long-term foster placement which has a sense of permanence through legal guardianship and termination of parental rights. In order to attempt to minimise or prevent the negative effects on impermanent long-term foster-care, research has developed the concept and practice of permanency planning for all children, especially those already in the foster-care system.

- \* In the United States of America, Canada and the United Kingdom, child-care legislation has been amended, through the success of model permanency planning projects, to embody permanency planning principles in methods for child-care practice.
- \* Through examination of present and previous child-care legislation in South Africa, it is apparent that the legislation hinders rather than supports even the most basic tenets of permanency planning. Current child-care legislation continues to hold the family unit sacred, and favours the rights of the parent. No matter how dysfunctional the biological family is, it retains legal guardianship over the child in placement even after the two year foster-care order expires and the child remains in foster-care. The child is compromised since his placement in foster-care is tenuous and his parents can legally make claim to him at any stage. Through the childrens court they may succeed.
- \* Permanency planning is a new concept in social work practice in South Africa. Social workers however, are taking responsibility for providing children in placement with a sense of permanency. This effort is however, hindered by the lack of local research available to indicate the need for permanency planning, and the problems present in the current foster-care system. Consequently, there is no data available to provide proof of the inadequacy of the current child-care legislation and the need for its amendment to include termination of parental rights and legal guardianship for foster-parents.
- \* It is with this in mind that the writer has chosen to develop a guideline from literature, for precluding natural parents from being a permanency planning option for their child. It is hoped that in practice, the guideline will be effective in two ways. Firstly it is hoped that the guideline will help the social worker make the decision of whether the child will return home or not as a permanency plan, resultant upon which is the next option of foster-care, or adoption if it is achievable.



In the second instance, it is hoped that the use of the guideline will provide data on the type of parent whose child enters long-term foster-care. Hopefully, this will contribute towards the amendment of child-care legislation, to make provision for termination of reconstruction services, termination of parental rights and legal guardianship for foster parents.

## 6.2 Recommendations

Although permanency planning is receiving recognition in child-care practice at Child Welfare Society, and has begun to be implemented, there is much that needs to be done to affect amendment of current relevant legislation so that permanency planning will receive legal sanction.

Since social workers are primarily involved in child care practice, it remains the responsibility of social workers to gather relevant data to affect changes in current child-care legislation, so that all children in foster-care have a semblance of permanence in their lives.

From the literature studied, the writer has identified several key areas which are deserving of attention if permanency planning is to become a definite mode of practice in child-care in South Africa.

- \* Reasonable Efforts: Permanency planning theory advocates that the first and most desirable permanency planning option for a child should be that of "return home". The social worker needs to demonstrate reasonable efforts to reunite parent and child and failure of success in order to legitimately advocate an alternative permanency plan. Much research needs to be conducted on what constitutes reasonable efforts and what constitutes a lack or attainment of success in achieving reunifi-

cation of parent and child. Following on from this, it would then be possible to advocate termination of parental rights and legal guardianship for foster parents.

- \* Research into Foster-Care Drift in South Africa: An important issue to be researched is that of the extent to which children in foster-care in South Africa drift in foster-care with no sense of permanence or stability. This research is central to demonstrating the lack of permanence in the current foster-care system and the definite need for permanency planning principles in practice.
- \* Termination of Reconstruction Services to Parents: Termination of reconstruction services to parents is closely allied to a child remaining in foster-care on a long-term basis and the termination of parental rights. In practice it often occurs that a child will have to remain in foster-care on a long-term basis, yet there is no provision in the legislation to terminate intervention with the biological family and motivate for termination of parental rights. It is hoped that the guideline developed in this study will facilitate decisions on placing a child in long-term care and deciding that parents are unsuitable long-term care-givers for their child. However, much research needs to be conducted which will focus on when reconstruction services no longer deserve attention, and how one decides this.

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